CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

| 1. CIR./DIST./ DIV. CODE | 2. PERSON REPRESENTED  MARY MANFREDO | | VOUCHER NUMBER | |
|---|---|---|---|---|

| 3. MAG. DKT./DEF. NUMBER  12-2574-2 (DEA) | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
|---|---|---|---|

| 7. IN CASE/MATTER OF (Case Name)  USA V. GIORGIANNI, et al., | 8. PAYMENT CATEGORY  Felony            Petty Offense  Misdemeanor    Other  Appeal | 9. TYPE PERSON REPRESENTED  Adult Defendant      ☐ Appellant  Juvenile Defendant   ☐ Appellee  Other | 10. REPRESENTATION TYPE  (See Instructions)  CC |
|---|---|---|---|

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
21:846 - CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE

| 1 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix).  AND MAILING ADDRESS  Anthony G. Simonetti, Esq.  P.O. Box 1562  Hightstown, NJ 08520  Telephone Number :        609-443-2494  1 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) | 13. COURT ORDER  O  Appointing Counsel          C  Co-Counsel  F  Subs For Federal Defender   R  Subs For Retained Attorney  P  Subs For Panel Attorney    Y  Standby Counsel  Prior Attorney's Name: _____  Appointment Dates: _____  ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR  S Other (See Instructions)  _____  Signature of Presiding Judicial Officer or By Order of the Court  _____            _____  Date of Order                       Nunc Pro Tunc Date  Repayment or partial repayment ordered from the person represented for this service at time appointment.      ☐ YES      NO |
|---|---|

| CLAIM FOR SERVICES AND EXPENSES | | | FOR COURT USE ONLY | | | |
|---|---|---|---|---|---|---|
| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW | |
| 15. a. Arraignment and/or Plea | | | | | | |
| b. Bail and Detention Hearings | | | | | | |
| c. Motion Hearings | | | | | | |
| d. Trial | | | | | | |
| e. Sentencing Hearings | | | | | | |
| f. Revocation Hearings | | | | | | |
| g. Appeals Court | | | | | | |
| h. Other (Specify on additional sheets) | | | | | | |
| (RATE PER HOUR = $      )  TOTALS: | | | | | | |
| 16. a. Interviews and Conferences | | | | | | |
| b. Obtaining and reviewing records | | | | | | |
| c. Legal research and brief writing | | | | | | |
| d. Travel time | | | | | | |
| e. Investigative and other work (Specify on additional sheets) | | | | | | |
| (RATE PER HOUR = $      )  TOTALS: | | | | | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | | | |

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

_____   TO: _____

| 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION |
|---|---|

22. CLAIM STATUS     ☐ Final Payment     ☐ Interim Payment Number _____     ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this     ☐ YES     ☐ NO     If yes, were you paid?     ☐ YES     ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this
representation?     ☐ YES     ☐ NO     If yes, give details on additional sheets.
**I swear or affirm the truth or correctness of the above statements.**

Signature of Attorney _____     Date _____

| APPROVED FOR PAYMENT — COURT USE ONLY | | | | |
|---|---|---|---|---|
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a. JUDGE/MAG. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |